

FINAL CONFIRMATION

1993 HYPERTENSION RESEARCH SYMPOSIUM
SANDESTIN BEACH HILTON
DESTIN, FLORIDA
OCTOBER 8-10, 1993

Name_____

Affiliation_____

Mailing Address_____

Phone Number_____ Fax_____

Social Security Number_____

_____ Yes, I will definitely attend the 1993 Hypertension Research Symposium

_____ I will be bringing_____

Name

_____ No, I will not be able to attend the 1993 Hypertension Research Symposium

_____ I will be driving to the meeting

Arrival Date_____ Departure Date_____

_____ I will be flying to_____ Airport

Flight Schedule_____

Departure Date_____ Time_____

For the meetings/presentation, I will require:

- ___ Overhead projector
- ___ Slide projector
- ___ Poster Board
- ___ Easel (Flip Chart)
- ___ Display Table
- ___ Other _____

PLEASE RETURN THIS FORM BY WEDNESDAY, SEPTEMBER 1, 1993:

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